

UNDERGROUND STORAGE TANK REGISTRATION FORM #148

Tank Identification Number	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
1. Status of Tank (mark {X} or date out-of-use)					
Currently in Use	[]	[]	[]	[]	[]
Temporarily Out-of -Use (Date)	/ /	/ /	/ /	/ /	/ /
2. Date of Installation month/year (date tank/piping covered and tightness test completed)					
3. Tank Type					
Residential	[]	[]	[]	[]	[]
Farm	[]	[]	[]	[]	[]
Industrial	[]	[]	[]	[]	[]
Commercial (retail sale)	[]	[]	[]	[]	[]
Other (Please Specify)					
4. Tank Capacity Tank Size in Gallons					
If the tank has compartments, fill in size and contents using the abbreviations below: (Example: 1,000G)	Compartment #1				
	Compartment #2				
	Compartment #3				
G = Gasoline (all Types) Jet = Jet Fuel	Compartment #4				
D = Diesel UO = Used Oil	Compartment #5				
K = Kerosene NO = New Oil	Compartment #6				
H = Hazardous Substance (Please Specify)					
O = Other (Please Specify)					
5. Substance Currently Stored in Tank.					
Gasoline (All Types)	[]	[]	[]	[]	[]
** COMPLETE THIS SECTION ONLY** Diesel	[]	[]	[]	[]	[]
IF NOT A COMPARTMENTALIZED TANK Kerosene	[]	[]	[]	[]	[]
New Oil	[]	[]	[]	[]	[]
Used Oil	[]	[]	[]	[]	[]
Jet Fuel	[]	[]	[]	[]	[]
Hazardous (Please Specify)	[]	[]	[]	[]	[]
Other (Please Specify)					
6. Tank Material and Construction -					
Tank Manufacturer: _____	Model: _____				
Are tanks anchored? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, <input type="checkbox"/>	deadman or <input type="checkbox"/> concrete pad				
Steel	[]	[]	[]	[]	[]
Fiberglass Reinforced Plastic (FRP)	[]	[]	[]	[]	[]
Composite (steel clad with Fiberglass)	[]	[]	[]	[]	[]
Steel tank jacketed with plastic for interstitial space	[]	[]	[]	[]	[]
Double Wall	[]	[]	[]	[]	[]
Lined Excavation	[]	[]	[]	[]	[]
Other (Please Specify)					
7. Tank Internal Protection (steel tanks only)					
Interior Lining	[]	[]	[]	[]	[]
Installation date	/ /	/ /	/ /	/ /	/ /
Installation Company: _____	Lining Material: _____				

Tank Identification Number	Tank #1	Tank #2	Tank #3	Tank #4	Tank 5
----------------------------	---------	---------	---------	---------	--------

8. Tank External Protection (steel tanks only)

Field Installed Galvanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Installed Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory Installed Galvanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date cathodic protection system installed (month/year)	/	/	/	/	/

Cathodic Protection Installation Company: _____

Coatings

Factory Applied Fiberglass Reinforced Plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory Applied Coal Tar Epoxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory Applied Fiberglass Reinforced Urethane (FRU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)					

9. Tank Leak Detection System

Groundwater Monitoring Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double-wall Tank with Interstitial Monitoring:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring with Secondary Barrier:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauging (ATG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSLD Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control with Tank Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)					

For each method marked, please specify the equipment used for leak detection. This would include leak measuring device, sensing device, ATG system or SIR method.

Equipment Manufacturer or SIR provider: _____

Equipment Model or SIR method: _____

For ATG, Probe Type: _____

10. Piping – Type, Construction and Protection

Type of product delivery-	Pressurized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction	Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flexible wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (describe)					

Piping Manufacturer: _____

Model: _____

Mark if it has -	Double Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	External Secondary Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cathodic Protection (for steel piping) -	Galvanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Impressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify external coating(if any):						

IOWA DEPARTMENT OF NATURAL RESOURCES
UNDERGROUND STORAGE TANK REGISTRATION FORM #148

Page 4/6

Tank Identification Number	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
11. Piping Continuous Line Leak Detection					
Mechanical Line Leak Detector	[]	[]	[]	[]	[]
Electronic Line Leak Detector	[]	[]	[]	[]	[]
Leak Detection Make: _____					
Model: _____					
12. Piping Leak Detection					
Annual Line Tightness Testing	[]	[]	[]	[]	[]
Interstitial Monitoring of Double Wall System	[]	[]	[]	[]	[]
Vapor Monitoring	[]	[]	[]	[]	[]
Groundwater Monitoring	[]	[]	[]	[]	[]
Statistical Inventory Reconciliation (SIR)	[]	[]	[]	[]	[]
Name of SIR Company: _____					
Version of SIR Method: _____					
Safe Suction System (one check valve beneath dispenser)	[]	[]	[]	[]	[]
Other (Please Specify)	[]	[]	[]	[]	[]

13. Spill Protection Equipment

Spill Containment Size in Gallons

--	--	--	--	--

Spill Equipment Mfg.: _____

Spill Equipment Model: _____

14. Overfill Protection Equipment

Automatic Shutoff Device @ Full 95%

Flow Restrictor @ 90% Full (e.g., ball float valve)

High Level Alarm @ 90% Full

[]	[]	[]	[]	[]
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]

Overfill Equipment Mfg.: _____

Overfill Equipment Model: _____

CERTIFICATION OF COMPLIANCE

15. Installation (Mark [X] all that apply)

	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
A. The tank and piping installers certified by the tank and piping manufacturers.	[]	[]	[]	[]	[]
B. Installation inspected by a registered professional engineer with education & experience in UST installation	[]	[]	[]	[]	[]
C. All work on the manufacturer's installation checklists was completed.	[]	[]	[]	[]	[]
D. The installers certified or licensed by the Iowa UST Fund Board.	[]	[]	[]	[]	[]
E. The installation inspected and approved by an inspector certified or licensed by the Iowa UST Fund Board.	[]	[]	[]	[]	[]

Financial Assurance

16. I have financial responsibility to cover pollution liability for my underground storage tanks in accordance with 567--Chapter 136 of the Iowa Administrative Code by the following method:

- ☐ Self-insured - tangible net worth of \$10 million and ability to pass one of the financial tests in rule 136.6
- ☐ Insurance coverage through private insurance carrier meeting rule 136.8
- ☐ Guarantee from corporate parent or other firm able to pass the net worth financial test in rule 136.7
- ☐ Surety bond meeting rule 136.9
- ☐ Letter of credit meeting rule 136.10
- ☐ Trust Fund meeting rule 136.11
- ☐ Combination of the above methods (please mark those methods being used)

Name of Insurer: _____

Policy No. _____

For local governments and their agencies, the following may also be used:

- ☐ Local government bond rating test meeting rule 136.13
- ☐ Local government financial test meeting rule 136.14
- ☐ Local government guarantee meeting rule 136.15
- ☐ Local government fund meeting rule 136.16

ATTACH A COPY OF YOUR FINANCIAL RESPONSIBILITY DOCUMENT

Proof of financial responsibility must be maintained in order to store fuel in the tanks. You must submit a current copy of the financial assurance document such as a new certificate of pollution liability insurance or proof of self-insurance every year. If financial responsibility is not maintained, the department can stop fuel delivery. Insurance companies are required to notify the department when insurance is being canceled.

[Installer and Owner Certification]
next page

INSTALLER/INSPECTOR CERTIFICATION

Pursuant to subrule 135.3(3)“e” the installer hereby certifies that the methods used to install the tank and piping systems comply with the requirements in subrule 135.3(1)“d”.

Print or Type Company Name	Address	City	State
Signature	Type or Print Signature	Date Signed	

Title or Position in Company

OWNER CERTIFICATION

(Read and sign after completing form)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete.

Print or Type Name of Owner	Signature of Owner	Date Signed
-----------------------------	--------------------	-------------

Print or Type Official Title of Owner

Registration is required by Iowa law for all underground storage tanks that have been used to store regulated substances since January 1, 1974 and were still in the ground as of July 1, 1985, or tanks brought into service after July 1, 1985. The information requested is required by 567--Chapter 135 of the Iowa Administrative Code (567-455B and Iowa Code Section 455B.473).

**Mail completed form, copy of financial assurance mechanism, and appropriate fee to the address below.
Checks should be made out to the Iowa Department of Natural Resources.**

**Iowa Department of Natural Resources
Underground Storage Tank Section
502 East 9th Street
Des Moines, IA 50319-0034**